

## PARTICIPATING IN THE LEAVE TRANSFER PROGRAM AS A LEAVE RECIPIENT

<b>General</b>	The Leave Transfer Program allows for the donation of accrued annual leave from one employee to another who requires the leave as a result of a medical emergency (including the medical emergency of a family member).
<b>Application To Become A Recipient</b>	<p>To become a leave recipient, an employee or his/her personal representative must make a written application to the Human Resources Division (HRD) on PD F 5283 E, Leave Transfer Program Recipient Request. The application must include:</p> <ul style="list-style-type: none"><li>◇ The name, position, title, and grade or pay level of the potential recipient.</li><li>◇ The reason that the transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency. If the medical emergency is a recurring one, the applicant must provide the approximate frequency of the medical emergency.</li><li>◇ Certification that the medical emergency is expected to result in an unpaid absence of at least 24 hours. For a part-time employee, the medical emergency must be expected to result in an unpaid absence of at least 30 percent of the average number of hours in the employee's biweekly scheduled tour of duty.</li></ul>
<b>Approval of the Application</b>	<p>The Director of HRD, or designee, will approve or deny, in writing, all applications. Under normal circumstances, approval or denial will be made within four workdays after properly completed application is received.</p> <ul style="list-style-type: none"><li>◇ If the application is approved, an HRD representative will immediately notify the applicant or personal representative.</li><li>◇ If the application is not approved, an HRD representative will notify the applicant or personal representative in writing. This written notice will also include the reason(s) for disapproval. An employee can request reconsideration by providing additional information or supporting documentation.</li></ul>
<b>Soliciting Leave Donations</b>	<ul style="list-style-type: none"><li>◇ An approved leave recipient may solicit donations from Public Debt employees on an individual basis, as long as the solicitation does not disrupt the workplace.</li><li>◇ An approved leave recipient can request HRD's assistance in soliciting leave donors.</li><li>◇ An employee of another federal agency can donate to the account of a Public Debt employee if the employee is a family member or it is obvious that donations from Public Debt employees will be insufficient.</li></ul>
<b>Use of Transferred Leave</b>	<ul style="list-style-type: none"><li>◇ A leave recipient must use all available annual and sick leave to his/her credit before donated leave can be used for his/her own medical emergency. If for a family member's medical emergency, the leave recipient must exhaust all of his/her annual leave and all family-friendly sick leave available before using donated leave.</li><li>◇ Donated leave may be used only for the purpose of the medical emergency for which the application was approved.</li><li>◇ Transferred annual leave may be substituted retroactively to liquidate an indebtedness for a period of advanced leave that began after the beginning of the medical emergency.</li></ul>

**Accruing  
Annual and  
Sick Leave**

While using donated leave, the maximum amount of annual and sick leave that can be accrued by a leave recipient is 40 hours each. Any leave accrued while using donated leave will be maintained in separate leave accounts. For part-time employees, the maximum amount of annual and sick leave that can accrue shall be no more than the average number of hours in the employee's weekly scheduled tour of duty.

While a recipient is using donated leave, accrued annual and sick leave cannot be used or credited to the recipient's regular leave accounts until the beginning of the pay period after the medical emergency ends or, if the medical emergency has not ended, once the employee has exhausted all leave available through donations.

**Ending a  
Medical  
Emergency**

A medical emergency will end in one of the following ways:

- ◇ When the leave recipient's federal Service ends;
- ◇ At the end of the pay period that Public Debt receives written notice (from the leave recipient or personal representative) that the medical emergency is over;
- ◇ At the end of the pay period Public Debt decides, after written notice and an opportunity for the leave recipient or personal representative to answer orally or in writing, that the leave recipient's medical emergency has ended; or
- ◇ At the end of the pay period Public Debt is notified by OPM that the leave recipient has been approved for disability retirement.

Any unused donated annual leave remaining in the leave recipient's leave account after the medical emergency will be given back to the leave donor(s) on a prorated basis.

**For More  
Information**

If you have any questions regarding the Leave Transfer Program or would like to participate, contact the Payroll Staff at (304) 480-7709.

## LEAVE TRANSFER PROGRAM RECIPIENT REQUEST

I, \_\_\_\_\_, wish to participate in the Leave Transfer Program as a recipient.

I am requesting \_\_\_\_\_ hours of transferred leave.

My Title: \_\_\_\_\_ Pay Plan: \_\_\_\_\_ Grade: \_\_\_\_\_  
(GS/WG/GM)

Social Security Number: \_\_\_\_\_ Room No.: \_\_\_\_\_

Organization: \_\_\_\_\_  
(Division) (Branch) (Section)

Supervisor's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Timekeeper's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Location: ☐ Washington ☐ Parkersburg ☐ SBMO ☐ Other \_\_\_\_\_

Please provide a brief description of the nature, severity, and anticipated duration of the medical emergency.

1. Do you expect the medical emergency to cause you to be in leave without pay (LWOP) status for at least 24 hours?

☐ Yes ☐ No

I expect to be in a LWOP status for \_\_\_\_\_ days and/or \_\_\_\_\_ hours.

2. Have you used all of the annual leave in your account? ☐ Yes ☐ No

If "no," \_\_\_\_\_ hours of annual leave remain in your account.

3. If your application is approved, do you wish to have the Human Resources Division (HRD) assist you in soliciting for leave donors? ☐ Yes ☐ No

If "yes," please state what information you want released about your condition. This statement will be used in the "All-Employee Memo" to solicit donors.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor (Optional)

\_\_\_\_\_  
Date

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**NOTICE UNDER THE PRIVACY ACT**

The authority for collecting this information is 5 U.S.C. 301 and 31 U.S.C. 321, and, where a social security number is requested, E.O. 9397. The purpose for collecting the information about you is to enable the Bureau of the Public Debt to process and record the necessary requirements.

This information may be disclosed to the Office of Personnel Management; agencies, contractors, and others to administer personnel and payroll systems and for debt collection and employment or security investigations; a law enforcement agency if Public Debt becomes aware of a possible violation of a law or regulation; a Congressional office to respond to requests by the person to whom the record pertains; courts and counsel during litigation; unions if needed to perform their authorized duties; other agencies under approved computer matches; as otherwise authorized by law or regulation.

Furnishing the information on this form, including your social security number if requested, is voluntary, but failure to do so may not allow Public Debt to complete necessary procedures.